

07/14/2002 NEALITE1 00006162 09062206

Attorney Docket No.: SOHSH13.001AUS Date: March 10, 2003

Improper

REQUEST FOR CONTINUED EXAMINATION (RCE)

			UNDER 37	C.F.R. § 1.	114	•			
Applicant: Application Number: Filing Date:			Kikuchi, et al.		 I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class thail in an 				
			09/8 82,256		envelope addresse	d to: United Stat	tes Patent and		
			June 14, 2001		Trademark Office Arlington, VA 22		<u>6</u>	祭一	
Title:			OVERHEAD CABLE)) 	March 10, 200 (Date)	13 . 7	<u> </u>	
Exam	iner Nam	e:	C. N. Nguyen		Thomas	R. Arno, Reg. N	(a 40 490 F	2003	
Group	Art Unit	::	2831) Thomas)		O. 40,490 FF	3800	
P.O. I Box F	Box 2327 RCE gton, VA	22202	I Trademark Office uest for Continued Examination	(DCE)	d 27 CED 8	1 114 of the	TECHNOLOGY CE	RECEIV	
annlia		s a Req	uest for Continued Examination	n (RCE) un	der 37 C.F.K. 9	1.114 of the		Rute	
аррис 1.	cation.	ission R <i>e</i>	equired under 37 C.F.R. § 1.114:				280,0		
1.	(X)	Enclo							
	(11)	(X)	Amendment/Reply						
		(X)	One (1) sheet of redlined draw	wings.					
		(X)	Return Postcard				LECHNOTOE		
2.	Fees:						6F 0	R R	
	(X)	RCE 1	fee (\$375 small entity/\$750 large	e entity)	256 750.00 0P			CEI	
•	(X)	Exten	sion of Time fee:	VANS 882256 -750,	881256		Y CENTER 2800	CEIVED	
		()	One Month (\$55/\$110)	<u>≅</u> 8	₹ 1		28(
		(X) ()	Two Month (\$205/\$410) Three Month (\$465/\$930)	08/2003 0000010	00000004 09881256		00		
The a	mendmer	it fee has	been calculated as shown below	 date: 05/08/2003 MDANTE1 00000102					
IEAHE1	0000516	2 093626 7	00.00 th	ustment d. 14/2003 M FC:1801	05/08/2003 DEVANS 01 FC:1801	·	TECHNOLO(
	·			233	% 22		100	3 20	

Attorney Docket No.: SOHSH13.001AUS

Date: March 10, 2003

Page 2

CLAIMS AS FILED											
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE					
Total Claims	2		20	= 0 ×	\$18	= \$0					
Independent Claims	1		3	= 0 ×	\$84	= \$0					
If application has bee dependent claim(s),		ntain multiple			\$280	= \$0					
				TOTAL ADD FOR THIS A	ITIONAL FEE MENDMENT	\$0					

3. Payment:

- (X) Check in the amount of \$1,160 to cover the above fees.
- (X) The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. § 1.16 and § 1.17 which may be required, now or in the future, or credit any overpayment to Deposit Account No. 11-1410.

Address all future communications to Customer No. 20,995.

Dated: 3 10 03

Thomas R. Arno

Registration No. 40,490

Attorney of Record

Customer No. 20,995

(619) 235-8550

S:\DOCS\RBH\RBH-1840.DOC 031003